

NON-EMPLOYEE INCIDENT REPORT FORM

INCIDENT DATE:	INCIDENT TIME:
NAME OF PERSON(S) INVOLVED:	
ADDRESS:	
HOME PHONE NUMBER:	
WORK PHONE NUMBER:	
INCIDENT LOCATION:	WERE POLICE CALLED? YES NO Officer Name: Case Number:
DID EMERGENCY MEDICAL SERVICES RESPOND? YES NO DESCRIBE:	
DESCRIBE THE INJURY AND/OR PROPERTY DAMAGE (USE OTHER SIDE OF FORM IF NECESSARY):	
ESTIMATED DAMAGE (ATTACH ESTIMATE IF AVAILABLE): \$	
DESCRIBE WHAT HAPPENED & HOW IT WAS CAUSED (USE OTHER SIDE OF FORM IF NECESSARY):	
LIST ANY WITNESSES OR OTHER PARTIES INVOLVED IN THE INCIDENT (NAME, ADDRESS & PHONE NUMBER):	
REPORT COMPLETED BY (PRINT & SIGN NAME):	Phone Number (include Area Code) Date
SAFETY OFFICE RESPONSE? YES NO COMMENTS (TO BE FILLED OUT BY SAFETY OFFICE ONLY):	
Print Name: _____	
FORWARD COMPLETED INCIDENT REPORT TO THE RISK MANAGEMENT SAFETY OFFICE 3000 ROCKEFELLER AVE., M/S 610, EVERETT, WA 98201 (425) 388-3549, ON THE SAME OR FIRST WORKING DAY FOLLOWING THE INCIDENT.	